

Rajaratnam Raj
 Form 3
 August 24, 2007

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
 Section 17(a) of the Public Utility Holding Company Act of 1935 or Section
 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person * Â Rajaratnam Raj (Last) (First) (Middle) C/O GALLEON MANAGEMENT L.P., Â 590 MADISON AVENUE, 34TH FLOOR (Street) NEW YORK, Â NY Â 10022 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 08/15/2007	3. Issuer Name and Ticker or Trading Symbol PROXYMED INC /FT LAUDERDALE/ [PILL]	4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner <input type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below)	5. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) <input type="checkbox"/> Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person
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Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	2,034,412	I	See Footnote ⁽¹⁾
Common Stock	1,956,812	D	Â

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

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Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Rajaratnam Raj C/O GALLEON MANAGEMENT L.P. 590 MADISON AVENUE, 34TH FLOOR NEW YORK, NY 10022	^	^ X	^	^
GALLEON HEALTHCARE OFFSHORE LTD C/O GALLEON MANAGEMENT, L.P. 590 MADISON AVENUE, 34TH FLOOR NEW YORK, NY 10022	^	^ X	^	^

Signatures

/s/ George Lau, Chief Financial Officer
08/24/2007

__Signature of Reporting Person Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

(1) These securities are held by Galleon Healthcare Offshore, Ltd. ("HEALTHCARE OFF"). Pursuant to an investment management agreement with HEALTHCARE OFF, Galleon Management, L.P. ("LP") has investment and voting power with respect to the securities held by HEALTHCARE OFF. Mr. Rajaratnam, as managing member of Galleon Management, L.L.C. (LLC), controls LLC, which, as general partner of LP, controls LP. Mr. Rajaratnam disclaims any beneficial ownership of any of the Issuer's securities to which this Form 4 relates, except to the extent of his indirect pecuniary interest therein, and this Form 3 shall not be deemed an admission that he is the beneficial owner of such securities.

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Remarks:

The Reporting Person disclaims any beneficial ownership of any of the Issuer's securities to which this Form 4 relates, except to the extent of his indirect pecuniary interest therein, and this Form 4 shall not be deemed an admission that the Reporting Person is the beneficial owner of such securities.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, See Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.